STATEMEN	OFFICE USE O	N'		
Name and Address of Committee		2. Date of this Statement	SIA	
William J. (Will) Crain 242 Alabama Ave.		1/8/2015	1/22	
Bogalusa, LA 70427		Estimated Membership 35	700	50
		33		5000744
Check If:		4. Amended Statement?	11 001 100	
New Committee Mont	thly Filer	YesX No	# 1111	2 = _
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)				
a. <u>Name</u> b.	. <u>Position</u>	c. Address		
JEFFERY D SCHOEN	Chairperson P.O. BOX	K 1810 COVINGTON, LA 7	0434	
MICHAEL B BURRIS Treasurer 242 ALABAMA AVE BOGALUSA, LA 70427				
Affiliated Organizations (Any organization, other than a political continuous)	ommittee, which directly or indi	irectly established, administers, or fi	inancially supports this committee	9.)
a. <u>Name</u> b	. Address	c.	. Relationship to Committee	
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)				
	o. Address			
RESOURCE BANK 5100 VILLAGE WALK STE 102 COVINGTON, LA 70433				
8. IF THIS COMMITTEE SUPPORTS A SI	NGLE CANDIDATE: a. Chec	ck one: Principal Campa	ign CommitteeSubsid	diary Committee
b. Name of Candidate			c. Office Sought by the Candi	date
			(5) (4)	
9. a. Name of Person Preparing Report MICHAEL B BURRIS			\$ P	
b. Daytime Telephone				
10. WE HEREBY CERTIFY that the information and belief.	ation contained in this STATEM	IENT OF ORGANIZATION is true an	d correct to the best of our knowl	edge, information
This 16th day of January	7 2015	• '		
$\langle \ \rangle $	(Ah)	Cas	35)892-4801	
Signal refor Confimittle Chai	irperson		ne Telephone Number	
		·	·	
MOB A	source if any	985	6-132-2594	NAMES OF THE STREET